



Coffee Break Training - Emergency Medical Services

Preplanning

No. EMS-2013-4 July 3, 2013

Learning Objective: The student shall be able to identify the objective and considerations for EMS preplanning.

Preplanning provides information for responders and the Incident Commander to make critical decisions for incident management during the initial stages of response. Through an assessment of a structure (e.g., industrial site, commercial building, multifamily residence, hospital), details such as building construction, occupancy and fire protection systems are documented. With a few more details assessed and collected, more thorough life safety planning can be acquired. For EMS preplanning identify:

- Building/Occupancy/Facility type: skilled nursing, assisted living, independent living, single-family residence with home-care family member, business with special needs employees.
- Patient types: dementia, blind, deaf, bed-bound, wheelchair required, bariatric, ventilator/special needs supported patients/residents.
- Patient quantities: total bed count, location to access exact daily count data.
- In-place evacuation equipment: wheelchair/stretchers availability, ventilator/IV pump batteries, portable oxygen cylinders.
- Shelter-in-place locations and evacuation/exit routes.
- Backup power sources, specifically for medical equipment.

Preplans should be all-hazards driven with information for specific target hazards documented in one easy-to-read document, available to all responders. Information that is variable, such as daily patient count for a medical facility, should be clearly noted as data to be acquired by first-arriving units. Preplan information may be used to refine dispatched resources, based on identified out-of-the-ordinary needs for the particular structure and/or hazard identified.

Routine updates to preplans are necessary to ensure accurate information, especially after any changes to the building, occupants or building use. Reviews of the preplan information and drills of the accuracy should be conducted with responders and building management/staff to provide awareness and cooperative understanding of the needs for both the occupants and the responders.

**Skilled Nursing/Assisted Living Facility
Census Tracking Form**

The information provided on this form is voluntary and will be used by the Liberty County Fire Department (LCFD) for planning purposes only. The LCFD acknowledges the cooperation of the facility named herein and extends its appreciation to the facility in assisting LCFD in the protection of all citizens in this county.

Date: _____

Facility Information

Facility Name: _____

Facility Type:

☐ Skilled Nursing Facility

☐ Independent Living

☐ Assisted Living Facility

Address: _____ City: _____ State: _____

Contact Information: _____

Telephone #: _____

Cell Phone #: _____

Census Information

Total Census: _____ Facility Available Beds: _____

Total Bed-Bound Persons: _____

Bariatric Patients: _____

Dementia/Secured Patients (needs one-to-one care if moved): _____

Ventilation Support (ventilators): _____

Pediatrics (under 18) with special needs: _____

Pediatric Patients with technology: _____

Other Technology Required by Patients or Population

☐ Dialysis #: _____

☐ Intravenous Pump #: _____

☐ #: _____

Additional Comments:

Thank you for your cooperation. Please call LCFD at (123) 555-1212 with any questions.
Please fax the completed form to the LCFD at (123) 555-1234.

For archived downloads, go to:

www.usfa.fema.gov/nfa/coffee-break/